

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 NOV -5 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

4776870

1. Corporation Name

NEAL FRUIT SHIPPING, INC.

2. Principal Office Address

P.O. BOX 244767

3. Mailing Office Address

P.O. BOX 244767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33424-4767

Country

PALM BEACH

Zip

33242-4767

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

1987

5. FEI Number

59-1629657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JO NEAL

Street Address (P.O. Box Number is Not Acceptable)

4980 PINE TREE DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State  
FL

Zip Code

33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCTOBER 28, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JO H. NEAL	4980 PINE TREE DRIVE	BOYNTON BEACH, FL 33436-9800

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JO H. NEAL, PRESIDENT

10/28/2002 561 734-2263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

11/12/02



October 28, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Neal Fruit Shipping, Inc.  
59-1629657

Gentlemen:

We herewith enclose a Corporate Reinstatement form together with a check in the amount of \$308.75 to cover the \$150 Annual Business Reports for 2001 and 2002, plus \$8.75 for a Certificate of Status.

Since we did not receive either the 2001 or the 2002 Annual Business Report forms, we ask that the penalty for reinstatement be waived.

Thank you for your positive response to this request.

NEAL FRUIT SHIPPING, INC.  
P.O. Box 244767  
Boynton Beach, FL 33424-4767

By:   
President